Assessing quality of non-cancer chronic care and medication adherence for comorbidities among prostate cancer survivors

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Abstract
Recent evidence suggests that cancer survivors are more likely to die from co-existing chronic conditions than from their cancer(s) or recurrences. [1] This may, in part, occur because cancer survivors may be less likely than the general population to be prescribed guideline-concordant care for their comorbidities,[2,3] one tenet of high-quality cancer survivorship care.[4,5] Moreover, even when prescribed evidence-based guidelines for their non-cancer conditions, cancer survivors are less likely to adhere to these recommendations than patients without cancer.[4,6,7] As a result, chronic diseases that are not properly managed contribute to avoidable complications, emergency department visits, hospitalizations, and costs.[8]

The objectives of this research were to understand the effect of a prostate cancer diagnosis on outcomes (diabetes medication adherence) and quality of care (receipt of diabetes care guidelines) among patients with type 2 diabetes. This dissertation used years 2007 through 2012 of SEER-Medicare data. I found that diabetes medication adherence decreased among patients following a prostate cancer diagnosis, with their adherence levels never returning to pre-diagnosis levels even when the period of prostate cancer treatment ended and the longer-term survivorship period began. This dissertation also found no significant difference in adherence whether patients most frequently saw a primary care physician (PCP) or a cancer specialist, the two primary types of providers responsible for patient care during this period. Patient race and level of comorbidity had no effect on the quality of their diabetes care receipt, with site of care having a marginally significant effect. It was found however that following a prostate cancer diagnosis patients' quality of care for diabetes declined in all areas (HbA1c testing, LDL screening, and eye exams) except for attention for Nephropathy.

Cancer survivorship is a growing area of research and clinical interest, with work and interest for considering how to care for and help manage patients' chronic comorbidities increasing rapidly even in its nascent stage. Health systems and providers should emphasize the importance of active chronic disease management even in the face of a survivable cancer diagnosis.

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